
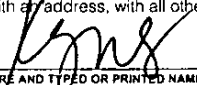


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 013 ***550.00

DOCUMENT # F02000005744			
1. Entity Name LEAR SIEGLER SERVICES, INC.			
Principal Place of Business 200 ORCHARD RIDGE RD. SUITE 101 GAITHERSBURG, MD 20878		Mailing Address 600 MONTGOMERY ST 25TH FL SAN FRANCISCO, CA 94111	
2. Principal Place of Business 200 ORCHARD RIDGE RD.		3. Mailing Address	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc.	
City & State GAITHERSBURG, MD		City & State	
Zip 20878	Country USA	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	FL
Zip Code		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	AINS WORTH, KENT P <input checked="" type="checkbox"/> Delete	TITLE DY	HICKS, H. THOMAS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AINS WORTH, KENT P	NAME	HICKS, H. THOMAS
STREET ADDRESS	600 MONTGOMERY STREET, 25TH FLOOR	STREET ADDRESS	600 MONTGOMERY ST., 25TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE D	MASTERS, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 MONTGOMERY STREET, 25TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE VT	RODGERS, JUDY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, JUDY	NAME	
STREET ADDRESS	600 MONTGOMERY STREET, 25TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE AS	JONES, KRISTEN L. KRISTIN L. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KRISTEN L. KRISTIN L.	NAME	
STREET ADDRESS	600 MONTGOMERY ST 25TH FL	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE EVP	AINS WORTH, KENT P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINS WORTH, KENT P	NAME	
STREET ADDRESS	600 MONTGOMERY STREET, 25TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE VP	MASTERS, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 MONTGOMERY STREET, 25TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		KRISTIN L. JONES, ASST. SECY. 7-5-06 415-774-2720	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT
 20050018

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRIMHALL, REED
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	V/CFO/AT/AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEB, WILLIAM	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, STUART I.	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDISIN, ROBERT	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, DAVID	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, MICHAEL	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOTRING, RANDALL	NAME	WOTRING, RANDALL A.
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISTED, FRANK	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LEX	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	Controller <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JOHN	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	

ATTACHMENT

LEAR SIEGLER SERVICES, INC.
 Document Number F0200G005744

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREG	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, RICHARD P.	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WEAKLEY, ALAN
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL	NAME	
STREET ADDRESS	600 Montgomery Street, 25th floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	